

POSITION	INITIALS	ID NO.	DATE
	<i>AS</i>		<i>10/15/00</i>
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		<i>21</i>	<i>10/10/00</i>
FORMALITY REVIEW	<i>ll</i>	<i>823</i>	<i>10/30</i>
RESPONSE FORMALITY REVIEW	<i>A.M</i>	<i>SC 580</i>	<i>05-28-01</i>

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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